

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/588975

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	3		1			
6	3		1			
7	3		1			
8	3		1			
9	3		1			
10	3		1			
11	3		1			
12	1		1			
13	1		1			
14	1		1			
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TOTAL IND.	13	↓	8	↓		↓
TOTAL DEP.	29	←	13	←		←
TOTAL CLAIMS	42		21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		←	←		←	←
TOTAL CLAIMS						